

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10/808631**

FILED DATE **3-24-04**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	NO	DEP	NO	DEP	NO	DEP		NO	DEP	NO	DEP	NO	DEP	NO	DEP
1	1						31								
2		1					32								
3		2					33								
4		1					34								
5		1					35								
6		1					36								
7		1					37								
8		1					38								
9		2					39								
10		2					40								
11		2					41								
12		1					42								
13		1					43								
14		1					44								
15	1						45								
16		1					46								
17		2					47								
18		1					48								
19		1					49								
20		1					50								
21		1													
22		1													
23		2													
24		2													
25		2													
26		1													
27		1													
28		1													
29	1														
30		1													
31		2													
32		1													
33		1													
34		1													
35		1													
36		1													
37		2													
38		2													
39		1													
40		1													
41		1													
42		1													
43															
44															
45															
46															
47															
48															
49															
50															
TOTAL NO.	3						TOTAL NO.								
TOTAL DEP.	54						TOTAL DEP.								
TOTAL CLAIMS	57						TOTAL CLAIMS								